OSAH FORM 1

This form is available online at http://www.ganet.org/osah/form.html or by telephone request at (404)657-2800.

JUDGE

DOCKET NUMBER

OSAH USE ONLY

DOCKET NUMBER:

DCC

☐ Service of copy of any interim orders.

written instructions provide an alternative place for service.

1 00			
NAME OF REFERRING AGENCY	: PSC (Profess	sional Standards Com	mission)
SELECT ONE: APP Applicat	ion SAN Sanction		
COUNTY OF EDUCATOR'S RESI	DENCE:		
DATE OF REQUEST FOR HEARI	NG:		
CONTACT PERSON IN REFEI	RRING AGENCY		
NAME:		TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP C	ODE ON HEARING REQUEST	POSITION	EMAIL:
			PAGER:
ATTORNEY NAME:		TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP C	ODE	GEORGIA BAR NO:	EMAIL:
			PAGER:
EDUCATOR			
NAME OF EDUCATOR:		TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP C	ODE ON HEARING REQUEST	POSITION	EMAIL:
			PAGER:
ATTORNEY NAME:		TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP C	ODE	GEORGIA BAR NO:	EMAIL:
			PAGER:
PARTY REQUESTING THE HEARING FOR PUPOSES OF THIS HEARING,	_	—	
DOCUMENT INITIATING THE HEARIN		•	•
ISSUES TO BE RESOLVED: As "Atta specific statutes or rules to be applied."		gal issues and factual matters to	be resolved at the hearing including
SPECIAL REQUIREMENTS: As "Atta time deadlines or procedures that ar			federal) establishing any specific
SERVICE OF DOCUMENTS: In addit		_	person requests the following:
☐ No service of documents prior to	certification of the file to the ager	ncy after a decision	
Service of all documents prior to		cy after a decision	
Service of a copy of the notice of	_		
Service of a copy of a continuand	ce		

All documents will be mailed to the referring agency at the address indicated for the contact person to the contact person's attention unless

PSC OSAH FORM 1 Revised 7/31/02